

107

MP ARTIFICIAL WATERMARK IS ON THE BACK • HOLD AT AN ANGLE TO VIEW THIS MARK MP

Place Patient Label Here
(or Medical Record Number)

VCU Health System
MCV Hospitals and Physicians
Richmond, Virginia
Telepage Operator (804) 828-0951
AM 1570072

Name George Delaney Date 9-19-08

Address _____

Rx Docusate 100mg tabs
60
T po BID

Unless the prescriber hand-writes "Brand Medically Necessary" a Voluntary Formulary product must be dispensed.
Initial here for a non child-proof container.

REFILL 0 1 2 3 4 5

No 103269

Physician's Signature W. K. E. NP
Physician's Name (Print) W. K. E. NP
DEA Number MX1485451/001713844

NOT ordered on admission by MS Health, per TO [Signature]

"RX's ON BACK ARE PRINTED IN DISAPPEARING INK, RUB BRISKLY TO ACTIVATE • CHEMICALLY SENSITIVE PAPER"

MP ARTIFICIAL WATERMARK IS ON THE BACK • HOLD AT AN ANGLE TO VIEW THIS MARK MP

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VCU Health System
MCV Hospitals and Physicians
Richmond, Virginia
Telepage Operator (804) 828-0951
AM 1570072

Name George Delaney Date 9-19-08

Address _____

Rx Dilaudid 4mg tabs
50 (fifty)
PO every 3 hours prn pain

Unless the prescriber hand-writes "Brand Medically Necessary" a Voluntary Formulary product must be dispensed.
Initial here for a non child-proof container.

REFILL 0 1 2 3 4 5

No 103270

Physician's Signature W. K. E. NP
Physician's Name (Print) W. K. E. NP
DEA Number MX1485451/001713844

changed to Vicodin by MS Health, per TO [Signature]

"RX's ON BACK ARE PRINTED IN DISAPPEARING INK, RUB BRISKLY TO ACTIVATE • CHEMICALLY SENSITIVE PAPER"

VCU Health System
Inpatient Depart Summary-For the Patient

374390

PERSON INFORMATION

Name: DELANEY, GEORGE L

MRN: 6185429

Admission Date: 9/22/2008 4:53 AM

Age: 48 Years

Sex: M

Enc Type: IP

DOI: 1960 12:00 AM

Language:

Acct: 706800629710

Visit Reason: abd pain

Medical Service: IP-Trauma Surgery

Primary Care Provider: MARSH MD, ROBERT L

Attending Physician: ABOUTANOS MD, MICHEL

Address:

Allergy Information:

Phenergan

Immunizations:

VCU Health Systems thanks you for allowing us to assist you with your healthcare needs.

Visit our website at: www.vcuhealth.org.

If you have any new symptoms, changes in your condition, or questions, please contact your Primary Care Provider.
If you need to reach a Health Care Provider in the hospital, call (804) 828-0951 and ask the operator to page the
Provider on call* for IP-Trauma Surgery.

The following information will help you care for yourself after leaving the hospital.

Admitting Diagnosis:

Partial small bowel obstruction

You were hospitalized for the following condition(s):

partial small bowel obstruction

adhesiolysis

The following procedures were performed:

Discharged On:

09/26/08 10:18:00

Discharge Disposition:

Correctional Facility

Name: DELANEY, GEORGE L
MRN: 6185429

1 of 4

09/26/2008 13:41:15

[00127]

9/15/08
9/16/08
9/22/08
9/24/08

New/Changed/Refilled Medications

Printed Medication	Med Details
docusate	100 mg by mouth every 12 hours
* docusate	100 mg by mouth every 12 hours
* senna	1 tab by mouth bedtime
Hydromorphone (Dilaudid)	4 mg by mouth every 3 hours Pain/discomfort
* Acetaminophen-oxycodone (acetaminophen-oxycodone 325 mg-5 mg oral tablet)	2 tab by mouth every 4 hours Pain/discomfort

* Indicates this medication has printed in the last 36 hours.

DISCHARGE INFORMATION**Provider Instructions****Dictating Provider:**

MORALES NP, LINDSAY P

Provider Discharge Instructions:

Please call 804-828-7748 for an appointment to be seen next week. Please adhere to a strict low residue diet. Please call the number given if you have any questions. You should see a doctor if you have any worsening abdominal pain, bowel movement stops with no flatus, redness or drainage from your abdominal incision. You should not lift any object greater than 10 pounds for at least 6 weeks.

Med Profile Reviewed:

Yes

Call 911:

DO NOT DRIVE yourself to the ER, If significant bleeding develops or swelling occurs

Call the doctor if you have:

Abdominal cramping/contractions, Bleeding that won't stop after 10 minutes of direct pressure, Change in mental status (unusual behavior, confusion, difficulty walking), Change in wound drainage (increased amount, foul odor, color), Difficulty breathing, shortness of breath, Lightheadedness, Nausea or vomiting, Severe abdominal pain, Severe or persistent vomiting, Shortness of breath, fluttering feeling in chest, Vomiting or diarrhea for more than 6 hours

Or a temperature over:

101.5 DegF

Discharge Diet:

Other: Low residue diet

ations:
work/school:
rn to

No smoking.

You may return to work/school when cleared by MD.

Nursing Instructions

Other Instructions

Follow-up Appointments

Appointment

Call as soon as possible to make an appointment in

Within:

1

Week(s)

Call 804-828-7748

Written Instructions Provided to the Patient:

Additional Information

If you have heart failure follow the instructions from your provider. Remember to weigh yourself every morning after you go to the bathroom and write the result in a daily log. If you gain 4-5 pounds or more in a week, call your doctor.

If you or a member of your household currently smoke, or have smoked within the past 12 months, you and/or your household member are advised to quit smoking. Please ask your healthcare provider for more information. For further resources in the community visit the Smoke-Free Virginia website (www.smokefreevirginia.org) or call 1-877-856-5177.

Call your doctor if you have changes in your mental health status (unusual behavior, confusion, feelings or thoughts of suicide). You may also call the National Suicide Prevention Lifeline. This is a 24-hour, toll-free suicide prevention service available to anyone in suicidal crisis. If you need help, please dial 1-800-273-TALK (8255). You will be

Name: DELANEY, GEORGE L
MRN: 6185429

3 of 4

09/26/2008 13:41:15

[00129]

routed to the closest possible crisis center in your area.

Home care service options were reviewed with me

____ YES ____ NO

I understand the information given to me

____ YES ____ NO

I have received all my personal belongings

____ YES ____ NO

Patient/Caretaker: _____ Date: _____

(signature)

Nurse: _____ Date: _____

(signature)

Visit our website at: www.vcuhealth.org

Written Instructions

Medication Information

MP AN ARTIFICIAL WATERMARK IS ON THE BACK • HOLD AT AN ANGLE TO VIEW THIS MARK MP

Place Patient Label Here
(or Medical Record Number)

VCU Health System
MCV Hospitals and Physicians
Richmond, Virginia
Telepage Operator (804) 828-0951
AM 1570072

Name Delaney, George Date 9/26/08

Address _____

R Diet order: Please take low-residue diet

Unless the prescriber hand writes "Brand Medically Necessary" a Voluntary Formulary product must be dispensed.
Initial here for a non-child-proof container.

Physician's Signature _____ M.D.
Adelene Spingarn-Stein
Physician's Name (Print)

DEA Number _____

REFILL 0 - 1 - 2 - 3 - 4 - 5

239100

MP



Printed: 09/26/08 10:24
/corner/d_cprod/print/rxreq_7065559.dat

: AM 1570072

MRN: 6185429

Fin: 706800629710

1770744914

(Not valid unless signed by prescriber)

Initial here for non-childproof container



Consultation Report

Oper:

Procedure #720.2 Attachment #7

CONSULTATION REPORTPLEASE BILL TO ANTHEM

VS: 967-72-18-129187@1325

To MCV Yellow
ER
via LifeStar
Per Dr. Gore

Sending Facility:	Greenville Corr Ctr/HU-10 Segregation		Date:	9/5/08	
Offender Name:	Delaney George		Offender #:	374390	
SS#:		DOB:		T/D:	8/22/07
Allergies:	Phenergan				
Current Medications:	Colace 100mg ÷ cap p.o. BID Metamucil Smooth packet ÷ BID Tylenol 500mg ÷ tab p.o. BID				
Referred By:	Dr. V. Gore	Referred To:	MCV - yellow ER		
Medical Complaint:	Abd pain, N & V x 2 ↓ BS and quads				

CONSULTING PHYSICIAN: PLEASE COMPLETE THE FOLLOWING:

Findings:			
Lab or X-ray Results:			
Diagnosis:			
Treatment and Medications Recommended:			
Restrictions:			
Consulting Physician:		Date:	
Follow-up appointment date and time:			

Revision Date: 1/17/07

DELANEY, GEORGE L VCUHS
6185429 DC /60
10/16/08 M B 48Y GSSC
WHELAN MD, JAMES F TRSO
VIS#: 706 157415857

VCU Health System
MCV Hospitals and Physicians
Richmond, Virginia 23298

Trauma Surgery
Follow-Up Visit

Date: 10/16/08

Attending Physician Key Findings:	Physical Examination: (note all abnormal findings)	
	General Appearance <input type="checkbox"/> Normal Appearance <input type="checkbox"/> Obese <input type="checkbox"/> Cachectic	
	Respiratory <input type="checkbox"/> Normal respiratory effort Abnormal: <input type="checkbox"/> Normal auscultation	
	Cardiovascular <input type="checkbox"/> Normal sounds/rhythm Abnormal: <input type="checkbox"/> No edema or tenderness <input type="checkbox"/> Normal peripheral pulses	
	Lymphatic <input type="checkbox"/> Normal lymph nodes Abnormal: (neck, supraclavicular, axillary, groin)	
	Skin/Surgical Site Abnormal: <i>midline C/D/F</i>	<input checked="" type="checkbox"/> Incision intact <input checked="" type="checkbox"/> No evidence of infection or fluid collection GI <input type="checkbox"/> No masses, tenderness, hernia Abnormal: <input type="checkbox"/> Normal liver, spleen <i>(+)BS, soft, slightly tender to palpation</i>
	Musculoskeletal <input type="checkbox"/> Normal muscle strength & tone Abnormal:	Neuro <input type="checkbox"/> Normal orientation (time, place, person) Abnormal:
Data Reviewed/ Ordered:		
Assessment & Plan: <i>48 yo ♂ s/p ex-lap + lysis of adhesions here for first postop visit. Doing well, taking PO. F/c PRW OBstruction</i>		
Patient to return to clinic: _____		
Resident/NP/PA Signature: _____ printed name/ stamp or provider #: _____		
Teaching Physician/ Attending Surgeon: <input checked="" type="checkbox"/> I was present with the resident during the interview & examination of the patient. I repeated the critical or key portions of the exam. I confirmed/revised the resident's history, exam, assessment and plan as noted. <input type="checkbox"/> I was NOT present with the resident during the interview & examination of the patient. I personally interviewed the patient & repeated the critical or key portions of the exam. I confirmed/revised the history, exam, assessment and plan as noted. <input type="checkbox"/> No resident was involved.		
Attending Surgeon Signature: _____ <input type="checkbox"/> Ivatury 6632 <input type="checkbox"/> Aboutanos 5253 <input type="checkbox"/> Duane 1599 <input type="checkbox"/> Malhotra 0916 <input type="checkbox"/> Krawcheck 3249		
Date: <u>10/16/08</u> Time: <u>0945</u>		
<input type="checkbox"/> Additional note dictated <input type="checkbox"/> No note dictated <input type="checkbox"/> Letter to follow to: _____		

[00133]

DELANEY, GEORGE L VCUHS
 6185429 DOB: 30 ✓
 10/16/08 M B 48Y GSSC
 WHELAN MD, JAMES F TRSO
 VIS#: 706 157415857

VCU Health System
 MCV Hospitals and Physicians
 Richmond, Virginia 23298

Trauma Surgery
 Follow-Up Visit

Date: 10/16/08 Time: 09:45

Referring/Requesting Physician _____ PCP _____

Attending Physician

Key Findings:

Reason for Visit: 1st p.o.v - please address? in pt letter
EUA (rectal) @ Flex Sig ^{③ DX/Ex lap / adhesiolysis}
 Surgery/ Procedure: _____ Date of Surgery/ Procedure: 9/10/08

Vital Signs: BP: 115/68 P: 60 Temp: 98 Wt: 164 Height: _____ BMI: _____

Pain Assessment: Type: intermittent abd Location: _____ Pain acceptable?: ☐ No ☐ Yes
 Pain Score: 0 1 2 3 4 5 6 7 8 9 10
 none mild moderate severe very severe worst possible

Current Medications: record on the Ambulatory Care Summary Sheet Form

Allergies: phenylephrine ☐ NKDA

Past, Family, Social History: ☐ Unchanged from last visit

Date of last Visit: 12/4/07

☒ Updated: see acse

Nurse's Signature: Lorna Dines Lpn Date/Time: 10/16/08
 Printed Name: Lorna Dines Lpn

Chief Complaint:

Interval History: ☐ No relevant interval history
Appetite returned. Return of normal bowel function
& diarrhea, constipation, Fevers. Back to nm activity.
Taking PO
Exercising

Review of Systems:

☒ Unchanged from last visit

Date of last visit: _____

☐ Updated:

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

CPROD - Production

Op Note, HIM

DELANEY, GEORGE L - 6185429

* Preliminary Report *

Result Type: Op Note, HIM
Date: 10 September 2008 13:07
Status: Transcribed
Subject: HIM OPERATIVE NOTE
Encounter info: 706800623521, VCUHS, IP, 9/5/2008 - 9/19/2008

*** Preliminary Report ***

HIM OPERATIVE NOTE

VCU HEALTH SYSTEM
MCV HOSPITALS AND PHYSICIANS
Richmond, Virginia 23298
OPERATIVE REPORT

Patient Name: DELANEY, GEORGE L MR#: 6185429
Procedure Date: 09/10/2008
Attending: Therese Duane, M.D.
Clinical Service: TRAUMA SURGERY

PREOPERATIVE DIAGNOSIS: Small bowel obstruction.

POSTOPERATIVE DIAGNOSIS: Small bowel obstruction.

PROCEDURE PERFORMED:

1. Diagnostic laparoscopy. 2. Exploratory laparotomy. 3.
Adhesiolysis.

SURGEON: Therese Duane, M.D.

RESIDENT SURGEON: Diane Cox, M.D.

ANESTHESIA: General endotracheal anesthesia.

ESTIMATED BLOOD LOSS: 50 cubic centimeters.

Printed by: Hines LPN, Lorna
Printed on: 10/16/2008 8:55

Page 1 of 3
(Continued)

[00135]

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

CPROD - Production

Op Note, HIM

DELANEY, GEORGE L - 6185429

* Preliminary Report *

DRAINS AND TUBES: none.

PROSTHETIC DEVICES: None.

INDICATIONS: This is a 48-year-old who was hospitalized for a small bowel obstruction. He had had a previous colectomy and J-pouch placement and had recurrent bouts of small bowel obstruction since then. This one was not resolving with NG tube placement, and therefore, a barium enema was done which showed a narrowing just proximal to the J-pouch. Therefore, it was elected that the patient undergo diagnostic laparoscopy with adhesiolysis and possible exploratory laparotomy.

DETAILS OF PROCEDURE: Informed consent was obtained. The patient was brought to the operating room and laid supine on the operating table. Preoperative antibiotics were given and general endotracheal anesthesia was induced. A Foley catheter was placed, and the patient's abdomen was prepped and draped in the sterile fashion. A small incision was made just inferior to the umbilicus in the old scar. This was taken down through subcutaneous tissue until the peritoneum was entered. A blunt port was placed and the camera was placed inside. Immediately, we encountered dilated loops of bowel - so many in fact that it was hard to visualize anything else. Therefore, it was elected that the procedure be converted to open and incision extended. The incision was extended from below the umbilicus to almost the pubis and taken down through subcutaneous tissues. The abdomen was entered and the bowel was eviscerated. There were several adhesions. Adhesiolysis was begun between loops of bowel that were distended and fluid filled. Bowel was traced both distally and proximally. During adhesiolysis, there was one serosal tear which was repaired in a figure-of-eight fashion with 3-0 silk. The most dense adhesion was located just proximal to the J-pouch. This adhesion was taken down both with Bovie cautery and with Metzenbaum scissors. The bowel appeared twisted but was released upon this adhesiolysis. Once these adhesions were satisfactorily lysed, the bowel was placed back within the peritoneal cavity, and the incision was closed with an 0-looped Maxon suture in a running fashion. The skin was closed with staples. The patient tolerated the procedure well. There were no complications during the case. The sponge, needle, and instrument counts were correct at the end of the case. The patient was awakened in the operating room and taken to the PACU in stable condition. The attending surgeon, Dr. Duane, was present and scrubbed for the entirety of the case.

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

CPROD - Production

Op Note, HIM

DELANEY, GEORGE L - 6185429

* Preliminary Report *

Therese Duane, M.D., Dictated by: Diane Cox, M.D.

DC/MedQ D09/11/2008 T09/11/2008 R
J340712460/375773

cc: Therese Duane, M.D.

Transcription electronically received from Medquist: 09/17/08 13:10:20
Medquist Document Number: 340712460
MQ920

LK 10-17-08

Printed by: Hines LPN, Lorna
Printed on: 10/16/2008 8:55

Page 3 of 3
(End of Report)

[00137]

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

CPROD - Production

Op Note, HIM

DELANEY, GEORGE L - 6185429

* Preliminary Report *

Result Type: Op Note, HIM
Date: 10 September 2008 13:07
Status: Transcribed
Subject: HIM OPERATIVE NOTE
Encounter info: 706800623521, VCUHS, IP, 9/5/2008 - 9/19/2008

*** Preliminary Report ***

HIM OPERATIVE NOTE

VCU HEALTH SYSTEM
MCV HOSPITALS AND PHYSICIANS
Richmond, Virginia 23298
OPERATIVE REPORT

Patient Name: DELANEY, GEORGE L MR#: 6185429
Procedure Date: 09/10/2008
Attending: Therese Duane, M.D.
Clinical Service: TRAUMA SURGERY

SURGEON: Therese Duane, M.D.

RESIDENT SURGEON: Robert Ferguson, M.D.

OPERATIONS PERFORMED:

1. Exam under anesthesia (rectal). 2. Flexible sigmoidoscopy.

PREOPERATIVE DIAGNOSIS: Stricture or stenosis of ileoanal anastomosis.

POSTOPERATIVE DIAGNOSIS: Adhesive band causing bowel obstruction.

DRAINS AND TUBES: None.

SPECIMENS SENT: None.

Printed by: Hines LPN, Lorna
Printed on: 10/16/2008 8:52

Page 1 of 3
(Continued)

[00138]

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

CPROD - Production

Op Note, HIM

DELANEY, GEORGE L - 6185429

* Preliminary Report *

INS AND OUTS: Total ins during the case: 200 mL of crystalloid. Total outs: None.

ANESTHESIA: General with endotracheal intubation.

INDICATIONS FOR PROCEDURE: The patient is a 48-year-old male well-known to the acute care surgery service with recurrent admissions for small bowel obstruction. On current workup, the patient had evidence of a stenosis in the area of his ileoanal anastomosis and J-pouch which he received greater than 10 years ago after a total colectomy.

Decision was made proceed to the operating room for possible balloon or bougie dilation of this area.

PROCEDURE IN DETAIL: After informed consent was obtained and placed on the chart, the patient was taken to the operating room and placed supine on the operating table. General anesthesia with endotracheal intubation was induced without complication. The patient was placed in the lithotomy position.

Exam under anesthesia was performed. The anastomotic line was easily palpated. There was no evidence of stenosis. There were no masses or obstructing lesions on exam.

A flexible sigmoidoscopy was then performed through the anus, the J pouch, and into the ileum. There was no evidence of stenosis, stricture or other obstructing lesion within the lumen. The sigmoidoscope was passed to approximately 45 cm.

The sigmoidoscope was then withdrawn. The patient was reversed from general anesthesia, extubated and taken to the PACU in stable condition.

All surgical counts were correct x2 at the end of this case.

There were no immediate complications identified during this case.

ESTIMATED BLOOD LOSS FOR THIS CASE: None.

Dr. Therese Duane was present and scrubbed throughout the entire procedure.

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

CPROD - Production

Op Note, HIM

DELANEY, GEORGE L - 6185429

* Preliminary Report *

Therese Duane, M.D., Dictated by: Robert Ferguson, M.D.

RF/MedQ D09/11/2008 T09/11/2008 R
J340712459/375775

Transcription electronically received from Medquist: 09/17/08 13:10:20
Medquist Document Number: 340712459
MQ920

LK 10.12.08

Printed by: Hines LPN, Lorna
Printed on: 10/16/2008 8:52

Page 3 of 3
(End of Report)

[00140]

REFERRING MD:

Adams

REFERRING CLINIC:

inmate or HO

APPOINTMENT DATE:

TIME:

*If you cannot make your scheduled appointment, please call the clinic to reschedule.

MCVH LOCATIONS: (please check one)

- ☐ NORTH HOSPITAL OUTPATIENT CLINIC (828-0246) is located in downtown Richmond at Marshall and College Street. The clinic is in the North Hospital Basement.
- ☐ HAND MANAGEMENT CENTER (828-0247) is located in Nelson Clinic on the 6th floor. Nelson Clinic is at 403 North 11th Street.
- ☐ STONY POINT (560-8935) is located in the Park at Stony Point off Chippenham Pkwy.
- ☐ CHESTER SPORTS MEDICINE (796-4300) is located at 4525 Lee Street in Chester.

You must bring the following to receive therapy:

- 1) This paper (includes your prescription if your MD wrote in the box below)
- 2) Your prescription for therapy (if box below is not written in)
- 3) Your insurance card and/or your hospital financial assistance code letter
- 4) Any required insurance authorizations or referrals

We pride ourselves on treating you at your scheduled appointment time, so please arrive on time to receive your full therapy time. Allow 30 minutes for parking and registration. If you have any questions or if you need assistance in any way, please feel free to call the clinic.

OCCUPATIONAL / PHYSICAL THERAPY ORDERS (or attach to this report)

Date: 11/19/08

DELANEY, GEORGE VCUHS
6371281 DOB: 03/03/60
11/19/08 M B 48Y SHAN
ISAACS MD, JONATHAN E ORTO
VIS#: 706 157451607

Diagnosis: Swan neck @ little fingerReasons: NONE

Evaluation and Treatment:

Other (Specify)

Rx Plan:

improve ROM of ~~2nd~~ @ little PIP/DIP

Goals:

full ROM

MCV-4459

Physician Signature

M.D.

Physician Name (Print)

Scott Adams

[00141]

Virginia Department of Corrections / VCU Medical Center
PRE-REGISTRATION REQUEST FORM

(To be used when requesting tests or clinic / telemedicine appointments)

		VCUMC Medical Record Number: _____	
DELANEY, GEORGE 6371281 DOB /60 11/19/08 M B 48Y SHAN ISAACS MD, JONATHAN E ORTO VIS#: 706 157451607	SSN: _____ DOB: _____ Sex: * Race: _____	PAYER INFORMATION Company Name: * Policy No: YTA 950 If not DOC, please indicate SELF PAY or send copy of Insurance Card.	
Address: _____ Phone: _____ _____ VA Zip Code FAX: _____		iC Physician: _____	

Please complete one of the boxes below to indicate your request for this patient.
 (A separate Pre-Registration form is required for each clinic or test.)

Appointment for <u>Hard</u> Clinic <input type="checkbox"/> On-Site (VCU-MC) <input type="checkbox"/> Telemedicine Reason patient needs to be seen: <input type="checkbox"/> New patient evaluation for: <input checked="" type="checkbox"/> Follow-up for <u>1/21/09</u> and needs to be seen <u>2</u> month from last appointment. <input type="checkbox"/> Emergent (1-7 days) <input type="checkbox"/> Urgent (8-30 days) <input type="checkbox"/> Next Available Next available will be given unless explanation is written below to indicate reason for Urgent or Emergent appointment. PHS Number: _____	Diagnostic Test or Procedure: _____ (May require completion of department specific form) For CT or MRI the following information is required: Is the patient claustrophobic? <input type="checkbox"/> Yes <input type="checkbox"/> No diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No If diabetic, list diabetic meds: _____ Any metal in the body? Specify: _____ Allergies: _____ Weight: _____ Requesting Doctor's name: _____ PHS Number: _____
---	---

Please provide a **DIAGNOSIS** and pertinent **HISTORY** as it relates to this appointment or test.

F/w 1/21/09 for L finger deformity

Appointment Process and Important Information <ul style="list-style-type: none"> Obtain approval for visit/test/procedure if required. FAX this form to: (804) 628-3932 (Barbara and Tia). The day before the appointment, send updated Pre-Reg. Form to the Holding Cell - FAX-(804)786-9615 or E-mail (BURKSMR) NOTIFY inmate schedulers (804) 628-0425 and Holding Cell (804) 786-1264 of ALL REFUSALS OR CANCELLATIONS. QUESTIONS?? Call 628-0425-Barbara or 628-3805-Tia REMEMBER-- SEND pertinent information with inmate to appointment. (Notes, Current Meds, Test Results, X-Ray FILMS, etc.) 	APPOINTMENT To be completed by VCU-MC personnel only. <input type="checkbox"/> VCU-MC - Date: _____ Time: _____ <input type="checkbox"/> Telemedicine - Date: _____ Time: _____ <input type="checkbox"/> At your facility <input type="checkbox"/> Transport to: _____ (if checked) Please mail films ASAP to: VCU Medical Center, Telemedicine Department P.O. Box 980531, Richmond, VA 23298-0531 <div style="font-size: 1.5em; font-weight: bold;">* Please send MARS *</div>
<p align="center">Please NOTE</p> For Hepatology / Possible Liver Biopsy: Complete Protocol Information and FAX to (804) 828-4945. For questions call (804) 828-4060.	

DELANEY, GEORGE VCUHS
 6371281 DOB: 50
 11/19/08 M B 48Y SHAN
 ISACS MD, JONATHAN E ORTO
 VISH: 706 157451607

VCU Health System
 MCV Hospitals and Physicians
 Richmond, Virginia 23298

AMBULATORY CARE
 CLINIC RECORD

PATIENT IDENTIFICATION (Patient Plate)

11/19 11 AM

S: 48 yo RHD inmate s/p "5th ^{Finger} ~~plate~~ fracture" @ home in 4/08. Was seen by MD in prison. Was not x-rayed until May. Flu now b/c unable to make list 20 G. PR subjectively reports fractures.

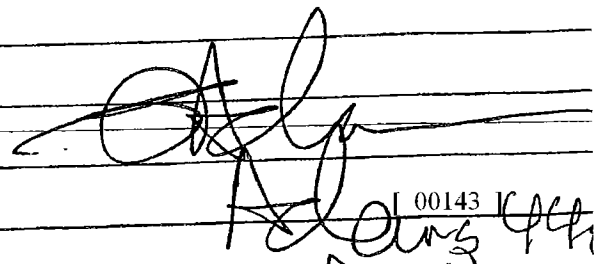
PE:

① 5th Finger has full flex/ext MCP
 skin c/o I
 PIP full extension } no motion
 DIP flexed } → Swan neck deformity
 Sens intact LT Passively correctable
 Brisk cap refill deformity
 other fingers unaffected

X-ray: Swan neck deformity, avulsion at PIP (little)

A/P: Swan neck deformity of ① 5th Finger.

- ① ~~will~~ give pain med prescription to use c therapy → needs ~~via~~ torb 7.5/500 R/P
- ② will prescribe hand rest
- ③ will digital Block + try to passively correct range
- ④ Finger now
- ⑤ Flu 2 months


 Jonathan E. Isacs MD

Ambulatory Care Patient Screening
 11/19/08 09:45 am Performed by Hines LPN, Lorna
 Entered on 11/19/08 09:51 am

Ambulatory Screening
 Chief Complaint: eval deformity of left pinky finger and decreased r.o.m of rest of fingers

Allergies

Allergy

Reaction

1. Phenergan

Measurements

Enter height in :: Feet and inches
 Height in feet: 5 ft
 Height in inches: 10.0 in
 Height Conversion ft & in to cm: 177.80 cm
 Height type: Estimated
 Enter weight in :: Pounds and Ounces
 Weight (lbs):: 165.000 lb
 Weight Conversion lbs to kg: 74.844 kg
 Weight Conversion ou to gr: 74844.000
 Weight type: Estimated
 Head Circumference Conversion cm to in: 0.0
 Height for Pharmacy: 177.80 cm
 Weight for Pharmacy: 74.844 kg

Educational Screening

Learning Barriers: None
 Education Preferences: Printed education materials, Video/Educational television, Demonstration,
 Verbal explanation

Pain Assessment

Pain Assessment

Date/time pain assessed	11/19/08 09:48
Pain Score :	6 Severe pain
Pain scale used	0 - 10
Pain acceptable to patient	No
Pain Location	Hand, Left
Pain quality:	Aching

Pain Risk Screening - Ambulatory

Patient Age Range: Patient (greater than 10 Years)
 Fall Risks - Ambulatory Screening: Other: inmate in shackles and cuffs

Screening Options

Amb screening-Needs Substance Use Screen: Yes
 Amb screening-Needs Functional Screen: Yes
 Amb screening-Needs Spiritual Screen: Yes
 Amb screening-Needs Psychosocial Screen: Yes
 Amb screening-Needs Community Svcs Screen: Yes

Substance Use

Tobacco Use: No Current Use

Alcohol Use: No Current Use

Drug Use: No Current Use

Functional Screening

Patient is experiencing: No deficits noted at this time

Spiritual Screening

Religious Practices: None

Psychosocial Screening

Patient is/has experienced: Correctional Facility Patient

Community Services

Community Services: None

Orthostatic vs Vital Signs

Orthostatic VS Supine: 11/19/08 09:45
 Orthostatic VS Sitting: 11/19/08 09:45
 Orthostatic VS Standing: 11/19/08 09:45

VCURS(Location:Hand Secure Cl ; i)
 Patient Name: DELANEY, GEORGE DOB / AGE / SEX: 03/03/60 48 Years M
 Admitting Physician: ISAACS MD, JONATHAN E
 Admission Date / MRN / Financial Num: 11/19/08 6371281 706157451607

Page 1 of 1
 Print Date: 11/19/08
 Print Time: 09:51 am
 Printed by: Hines LPN, Lorna

To: Teri Chrisley, Director of Nursing for Department of Corrections

From: Bernie Ammons, BSN, RN, Clinical Nurse IV VCUHS Telemedicine Clinics

Date: November 10, 2008

RE: Inmate scheduling

In an effort to improve patient care and follow up, inpatients that are discharged from VCUHS will have follow up clinic appointments automatically scheduled in the Security Care Specialty clinic. The clinic nurses at VCUHS will review clinic schedules approximately seven days prior to the appointment to verify that the inmate is coming for the appointment and that the patient has the appropriate information brought for the clinic appointment (ie MMRs, labs, xrays, CT or MRI films). Post op follow up appointments should be automatically approved by the Department of Corrections.

Those inmates that are followed in VCUHS **security care clinic** will have follow up appointments automatically made when they leave the clinic. The appointment date and time will be documented on the consultation form. A pre registration form with the date, time and location of the clinic appointment will be faxed to the DOC by the Security Care Clinic staff. Please have DOC scheduling staff notify Karen Spurlock Morrison if a follow up appointment is not approved or if the inmate is not going to come for the appointment within one week or at least 72 hours prior to the appointment time.



VIRGINIA DEPARTMENT OF CORRECTIONS
Consultation Report

Effective Date: January 1, 2008
Operating Procedure #720.2 Attachment #7

CONSULTATION REPORT

PLEASE BILL TO ANTHEM

Sending Facility:	PCC		Date:	10-16-08	
Offender Name:	Delaney, George		Offender #:	374390	
SS#:		DOB:		T/D:	
Allergies:					
Current Medications:					
Referred By:	Dr. Kump	Referred To:	MCV - General Surgery Clinic		
Medical Complaint:					

CONSULTING PHYSICIAN: PLEASE COMPLETE THE FOLLOWING:

Findings:	P - op visit.	
Lab or X-ray Results:		
Diagnosis:	Obstruction resolved & OR	
Treatment and Medications Recommended:	cont. Exercise	
Restrictions:	None	
Consulting Physician:		Date: 10/16/8
Follow-up appointment date and time:	PRN	

REFERRING MD: Adams REFERRING CLINIC: inmate or HO

APPOINTMENT DATE: _____ TIME: _____

*If you cannot make your scheduled appointment, please call the clinic to reschedule.

MCVH LOCATIONS: (please check one)

- ☐ NORTH HOSPITAL OUTPATIENT CLINIC (828-0246) is located in downtown Richmond at Marshall and College Street. The clinic is in the North Hospital Basement.
- ☐ HAND MANAGEMENT CENTER (828-0247) is located in Nelson Clinic on the 6th floor. Nelson Clinic is at 403 North 11th Street.
- ☐ STONY POINT (560-8935) is located in the Park at Stony Point off Chippenham Pkwy.
- ☐ CHESTER SPORTS MEDICINE (796-4300) is located at 4525 Lee Street in Chester.

You must bring the following to receive therapy:

- 1) This paper (includes your prescription if your MD wrote in the box below)
- 2) Your prescription for therapy (if box below is not written in)
- 3) Your insurance card and/or your hospital financial assistance code letter
- 4) Any required insurance authorizations or referrals

We pride ourselves on treating you at your scheduled appointment time, so please arrive on time to receive your full therapy time. Allow 30 minutes for parking and registration. If you have any questions or if you need assistance in any way, please feel free to call the clinic.

OCCUPATIONAL / PHYSICAL THERAPY ORDERS (or all other clinic orders)

Date: 11/19/08

DELANEY, GEORGE VCUHS
6371281 DOB: 03/03/60
11/19/08 M B 48Y SHAN
ISAACS MD, JONATHAN E ORTO
VIS#: 706 157451607

Diagnosis: Swan neck @ little finger

Precautions: NONE

Evaluation and Treatment

Other (Specify)

Rx Plan:

improve ROM of ~~2nd~~ @ little PIP/DIP

Goals:

full ROM

MCV-4459

Physician Signature

Physician Name (Print)

[00147]

Patient Name:
MRN:

Delaney George
6371281

VCU Health System
MCV Hospitals and Physicians
Richmond, Virginia 23298

Hand Management Center
Range of Motion - Hand

W8

Patient Identification

INDEX		MIDDLE		RING		LITTLE	
DATE							
-20							
-10							
0							
10							
20							
30							
40							
50							
60							
70							
80							
90							

PIP		MIDDLE		RING		LITTLE	
0							
10							
20							
30							
40							
50							
60							
70							
80							
90							
100							

DIP		MIDDLE		RING		LITTLE	
0							
10							
20							
30							
40							
50							
60							
70							
80							

THUMP MP		THUMP IP	
DATE			
0			
10			
20			
30			
40			
50			
60			
70			
80			

THUMB Palmer Abduction	
DATE	

THUMB Radial Abduction	
DATE	

Supa B. Howard M.D.
Signature/Title

5/8/09
Date

Printed Name

KEY
MP=metacarpophalangeal joint
PIP=proximal interphalangeal
DIP=distal interphalangeal
TAM=total active range of motion
PROM=passive range of motion





VIRGINIA DEPARTMENT OF CORRECTIONS
Consultation Report

Effective Date: January 1, 2008
Operating Procedure #720.2 Attachment #7

CONSULTATION REPORT

PLEASE BILL TO ANTHEM

Sending Facility:	PCC		Date:	11-19-2008	
Offender Name:	Delaney, George			Offender #:	374390
SS#:		DOB:	50	T/D:	
Allergies:					
Current Medications:					
Referred By:	Dr. King		Referred To:	MCV-Hand Clinic	
Medical Complaint:					

#18229331

CONSULTING PHYSICIAN: PLEASE COMPLETE THE FOLLOWING:

Findings:	Swan neck deformity				
Lab or X-ray Results:	↓				
Diagnosis:	Swan neck deformity (L) little finger				
Treatment and Medications Recommended:	needs cortals prior to therapy & splint hand right				
Restrictions:	None				
Consulting Physician:	Alans / Isaacs			Date:	11/19/08
Follow-up appointment date and time:	2 months				

[00149]

Revision Date: 1/17/07

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

CPROD - Production

Depart Summary-Referring

DELANEY, GEORGE L - 6185429

* Final Report *

Result Type: Depart Summary-Referring
Date: 19 September 2008 13:32
Status: Modified
Subject: Depart Summary-Referring
Author: Griffin LPN, Linda on 19 September 2008 13:32
Encounter info: 706800623521, VCUHS, IP, 9/5/2008 -

* Final Report *

Depart Summary-Referring (Verified)

VCU Health System
Inpatient Depart Summary--For the Referring Provider

PERSON INFORMATION

Name: DELANEY, GEORGE L
RN: 6185429
Admission Date: 9/05/2008 11:26 PM

Age: 48 Years
Sex: M
Enc Type: IP

DOB: 1960 12:00 AM
Language:
Acct: 706800623521

Visit Reason: SMALL BOWEL OBSTRUCTION
Medical Service: IP-Trauma Surgery
Primary Care Provider: MARSH MD, ROBERT L
Attending Physician: DUANE MD, THERESE M
Referring Provider: SELF MD, REFERRED

Address:

Allergy Information:
Phenergan

Immunizations:

Admitting Diagnosis:

Printed by: Griffin LPN, Linda
Printed on: 9/19/2008 13:33

Page 1 of 3
(Continued)

[00150]